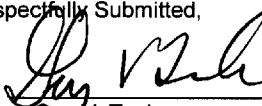


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuler et al. Application No: 09/852,408 Confirmation No. 5388 Filed: May 9, 2001 Title: LOCKOUT MECHANISM FOR AEROSOL DRUG DELIVERY DEVICE	Group No: 3772 Examiner: Patel, Nihir B Attorney Docket No: 53260-CNT-US (NK.0064.00) April 30, 2009 San Francisco, CA 94107
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Mail Stop – Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Via EFS <input checked="" type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="left" colspan="3">Extension of Time</th> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136</td> </tr> <tr> <th align="left" rowspan="2">Extension (Months)</th> <th align="center" colspan="2">Extension Fee</th> </tr> <tr> <th align="center">Large Entity</th> <th align="center">Small Entity</th> </tr> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td align="center">\$130.00</td> <td align="center">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td align="center">\$490.00</td> <td align="center">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td align="center">\$1,110.00</td> <td align="center">\$555.00</td> </tr> <tr> <td align="center" colspan="3">Total \$ 130.00</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. </td> </tr> </table>	Extension of Time			<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			Extension (Months)	Extension Fee		Large Entity	Small Entity	<input checked="" type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	Total \$ 130.00			<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		
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Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	33	36	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	4	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Extension Fees</td> <td align="right">\$130.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td align="right">\$0.00</td> </tr> <tr> <td>Total</td> <td align="right">\$130.00</td> </tr> </table> <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$130.00 . <u>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a)</u> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-8300; or electronically filed via EFS on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>April 30, 2009</u> Melanie Hitchcock	Extension Fees	\$130.00	Fees for Extra Claims	\$0.00	Total	\$130.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> . Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: Guy V. Tucker Janah & Associates, PC 650 Delancey Street, Suite 106 San Francisco, CA 94107 Respectfully Submitted, <div style="text-align: center;">  By: _____ Guy V. Tucker Registration No. 45,302 </div> <div style="text-align: right;"> Date: <u>April 30, 2009</u> </div>
Extension Fees	\$130.00						
Fees for Extra Claims	\$0.00						
Total	\$130.00						